ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen	Keith	M21830
Last Name	First Name	MI ID#:

Date/Time	Subjective, Objective, Assessment	Plans
3/22/2023 1:44 pm	**Med Furlough Clerk Note:**	
	S)	P) Send referral to utilization management for approval/auth#.
	O) Received a referral for Ortho	
	A) referral	L. Miles Med Furlough Clerk

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002) (Replaces DC 7147)

Printed on Recycled Paper

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information: Allen (Last Name) Keith (First Name) ___ (MI) ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3-22-23 10:25am	**Med Furlough Clerk Note:**	
	S.) Ø	P.) Waiting for report, will notify scheduler once received to get individual scheduled with NP or MD.
	O.) Faxed Wexford Health Service form to request medical records.	H. Rodgers H. Rodgers Med Furlough Clerk
	To: 0151	
	At fax number: 618-993-8188	

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0084 (Eff. 9/2002)
(Replaces DC 7147)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen (Last Name) Keith (First Name) (MI) ID#: M31830

Date/Time	Subjective, Objective, Assessment	Plans
3/8/23	Ru Note	P) Cont SH
7PM	S/O) NSC offered [illegible]	
	94° SH [illegible]	[illegible] RN
	A) SH	
4/20/23	[illegible]	O) [illegible]
1200	S) pt states same symp	[illegible]
	O) [illegible]	
	A) complete no new [illegible]	
5/2/23	[illegible]	P) [illegible]
9AM	S) pt states	[illegible]
	O) [illegible]	
	A) complete no new issue	

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

Printed on Recycled Paper

Offender Infirmary Vital Sign Graphic Flow Sheet

Offender Information:

Last Name _____ First Name _____ MI _____ ID#: _____

Facility: Menard Correctional Center

Date																													
Hosp Day/Po Day	/						/						/						/						/				
Hour	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12
Temperature 106																													
105																													
104																													
103																													
102																													
101																													
100																													
99																													
98																													
97																													
96																													
Pulse																													
Respiration																													
Blood Pressure Hours: 4 AM / 8 AM / 12 PM / 4 PM / 8 PM / midnight																													
Weight / Height																													
Stools / Urine																													
Bath: C-P-T-S																													
Oral Hygiene																													
Pill Care																													
Diet																													
Ate W F P																													
Sliept W F P																													
Activity																													
Bed Rest																													
Bed positioning																													
R.O.M. Exercise																													
Wheelchair																													
Transfers																													
Walk																													
Other:																													
Staff Name 7-3																													
3-11																													
11-7																													

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0110 (Eff. 9/2002)
(Replaces DC 1705)

M21830

SIH Brain & Spine Institute
305 W. Jackson Street, Suite 103
Carbondale, IL 62901
Phone (618) 351-4972 Fax (618) 351-6522

Full Name: Keith Allen **Gender:** Male
Patient ID: 1537618 **Date of Birth:** 6/4/1988

Visit Date: 6/17/2022 16:45
Age: 34 Years
Examining Physician: Tiffany Ward, MD
Referring Physician: Michael Moldenhauer, NP
Patient History: This is a 34 year-old right haned man with numbness in the right hand and pain in the ular portion of the hand.

Motor NCS

Nerve / Sites	Muscle	Lat ms	Amp mV	Segments	Dist mm	Lat Diff ms	Vel m/s
R Median - APB							
Wrist	APB	3.7	5.4	Wrist - APB	70		
Elbow	APB	8.4	5.2	Elbow - Wrist	272	4.7	58
R Ulnar - ADM							
Wrist	ADM	2.6	11.3	Wrist - ADM	70		
B Elbow	ADM	6.6	11.2	B.Elbow - Wrist	232	3.9	59
A.Elbow	ADM	8.4	10.7	A.Elbow - B.Elbow	100	1.8	56

Sensory NCS

Nerve / Sites	Rec. Site	Lat ms	Amp µV	Segments	Dist mm	Peak Diff ms	Vel m/s
R Median, Ulnar - Transcarpal comparison							
Median Palm	Wrist	1.6	202.0	Median Palm - Wrist	70		*45*
Ulnar Palm	Wrist	1.3	20.3	Ulnar Palm - Wrist	70		55
				Median Palm - Ulnar Palm		0.3	
R Radial - Superficial (Antidromic)							
Forearm	Wrist	1.8	42.6	Forearm - Wrist	100		55

Summary

The motor conduction test was normal in all 2 of the tested nerves: R Median - APB, R Ulnar - ADM.

The sensory conduction test was performed on 2 nerve(s). The results were normal in 1 nerve(s): R Radial - Superficial (Antidromic). Results outside the specified normal range were found in 1 nerve(s), as follows:

- In the R Median, Ulnar - Transcarpal comparison study
  - the take off velocity result was reduced for Median Palm - Wrist segment

JB Pritzker
Governor

Rob Jeffreys
Director

The Illinois Department of Corrections

Menard Correctional Center
711 Kaskaskia Street • Menard, IL 62259 • (618) 826-5071 TDD: (800) 526-0844

MEMORANDUM

DATE: April 29, 2022

TO: Record Office
Med Furlough Notification

FROM: Angela Crain.
Health Care Unit Administrator

SUBJECT: M21830 Allen, Keith

PLACE:
Brain and Spine Institute
305 W. Jackson St.
Carbondale, IL
618-351-4972

DATE: June 17, 2022 **TIME: 2:40 pm**

ADA attention: N/A

REASON: RUE EMG

Angela Crain, RN, BSN-HCUA

Angela Crain, RN, BSN, HCUA

MS: LM

cc: Shift Commander's Office
Medical Records
Office File

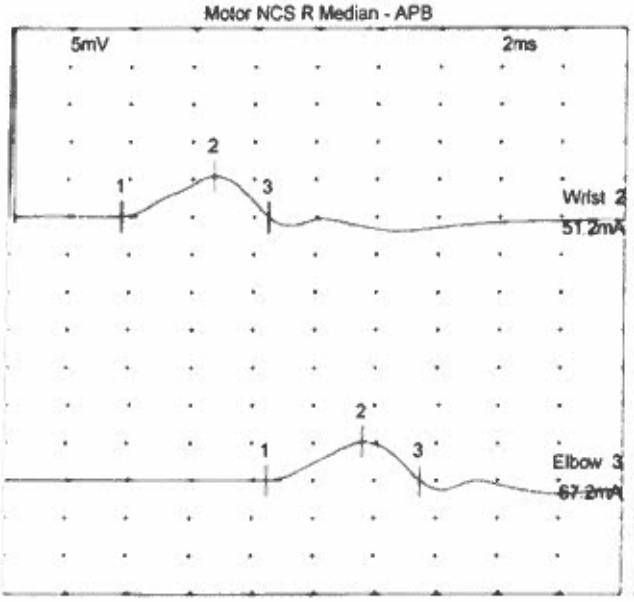
Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

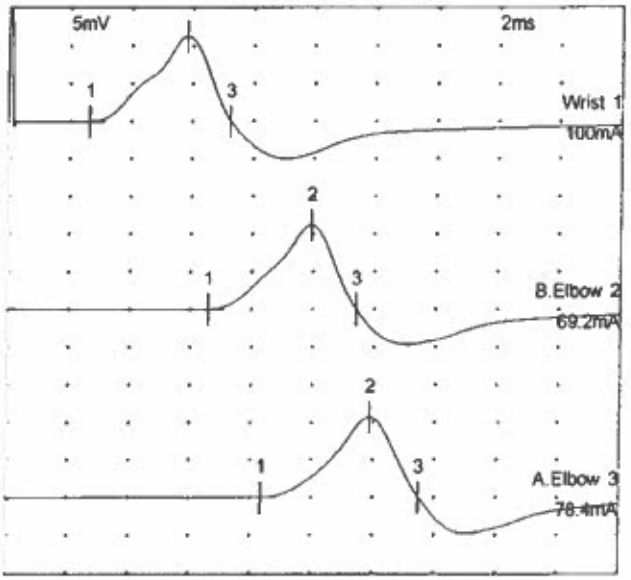
M21836

Keith Allen 1537618 6/17/2022 16:45

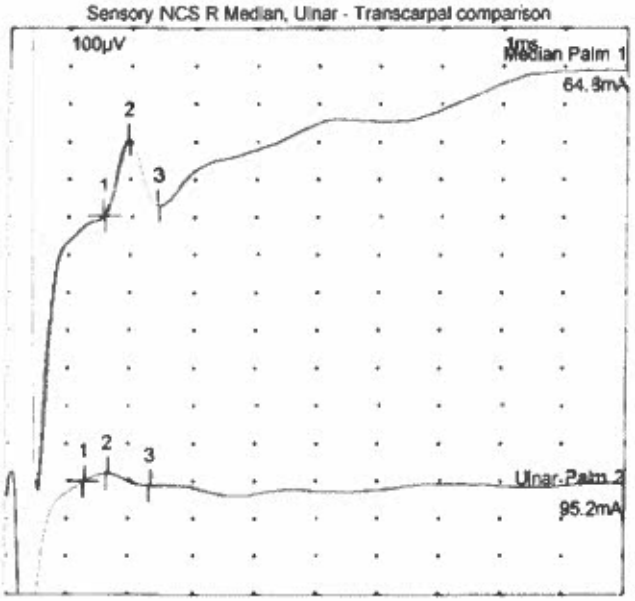
Motor NCS R Median - APB



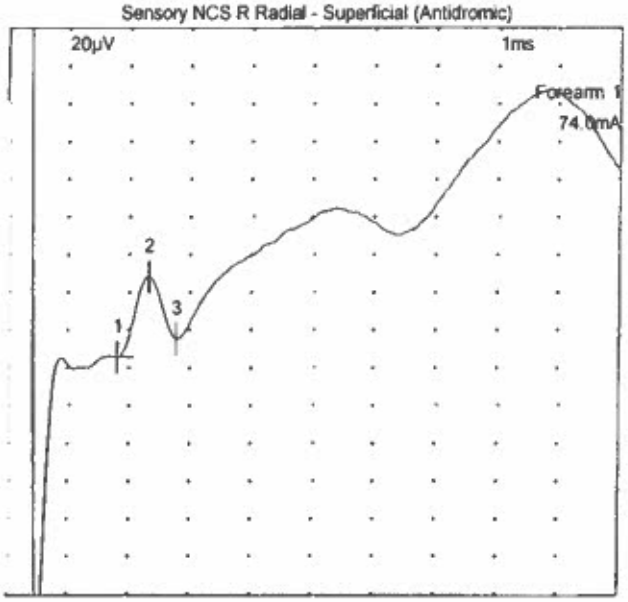
Motor NCS R Ulnar - ADM



Sensory NCS R Median, Ulnar - Transcarpal comparison



Sensory NCS R Radial - Superficial (Antidromic)



M21830

Keith Allen 1537618 6/17/2022 16:45

Conclusion:

1. There is evidence of a mild median neuropathy at the right wrist.
2. The dorsal ulnar cutaneous nerve is normal.

DRAFT

Tiffany Ward, MD

M21830

MyChart Information

If you are 18 or older and do not have a SIH MyChart patient portal account, we make it easy by following these steps:

1. Enter mychart.sih.net in your internet browser or download the MyChart app and select Southern Illinois Healthcare.
2. This will take you to the SIH MyChart home page
3. Click "Sign Up Now"
4. Click "Sign Up Online"

If you have problems with your MyChart account, call the SIH MyChart Liaison at 618-457-5200 ext. 67123.

Your Medication List as of June 17, 2022 3:35 PM

You have not been prescribed any medications.

COVID-19 Information

COVID-19, also known as a coronavirus, is caused by a type of virus that causes respiratory illness. Symptoms include fever, cough, and shortness of breath.

Here's what you can do to help protect yourself:

- Stay home if possible
- Avoid close contact (6 feet, which is about two arm lengths) with people who are sick
- If you do go out in public, wear a fabric mask in addition to avoiding close contact
- Wash your hands often with soap and water for at least 20 seconds
- Avoid touching your eyes, nose, and mouth
- Clean and disinfect frequently touched surfaces

Call our SIH COVID-19 Hotline if you have symptoms or concerns about exposure 844.988.7800

M21830

SIH

AFTER VISIT SUMMARY

Keith Allen MRN: 1537618

6/17/2022 2:40 PM SIH Medical Group Neurology 618-351-4972

What's Next

You currently have no upcoming appointments scheduled.

Allergies

Not on File

Recommended Care

	Date Due
MMR Vaccines (1 of 1 - Standard series)	Never done
Varicella Vaccines (1 of 2 - 2-dose childhood series)	Never done
DTaP,Tdap,and Td Vaccines (1 - Tdap)	Never done
COVID-19 Vaccine (3 - Booster for Moderna series)	09/08/2021
Influenza Vaccine (Season Ended)	09/01/2022

Today's Visit

You saw Tiffany Ward, MD on Friday June 17, 2022. The following issue was addressed: Right hand pain.

Blood Pressure
118/78

BMI
24.37

Weight
165 lb

Height
69"

Temperature
97.1 °F

Pulse
66

Oxygen Saturation
98%

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Special Services Referral and Report

Menard Correctional Facility
(Facility)

Offender's Name: Allen, Keith ID# M21830

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☐ Evaluation ☐ Management
☐ Procedure/service (specify)
☒ Other (specify) FluArrt.

Urgent: ☐ Yes ☒ No

Referred to: Ortho

Rationale for Referral: Cast from ortho 2/8/22 – Emg dent to
(R) Hand – 6/17/22 – need FluArrt c ortho
(Please send copy of Emg findings to ortho).

Alsa Dearmond, FNP-C
Print Referring Practitioner's Name

Referring Practitioner's Signature

8/18/22
Date

Report of Referral (Use Reverse Side, if necessary)

Findings:

Assessment:

Recommendations/Plans:

Print Practitioner's Name

Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

Distribution: Offender's Medical File, and
Original Health Care Unit Administrator

DOC 0264 (Eff 4/2007)
(Replaces DC 7105)

M21830

SIH

Providers are independent contractors and not employees of Southern Illinois Healthcare

Allen, Keith
MRN: 1537618, DOB: 6/4/1988, Sex: M

16188261748 10:43:37 06-21-2022 2/3

URGENT: Request for Release of Specific Records

Inmate's name: Allen, Keith — Inmate number: M21830
Hospital: SIH BEB — Dates of service: 4/17/22
Correctional facility: Menard Correctional Center — Fax number: 618-826-17-48
Contact name: Charity Schnoor — Phone number: 618-826-5 (Ext) ext 2478
Prison PCP: Dr. Glen Bubish — Date of birth: 6/4/88

Requested information:

- [x] All hospital records
- [ ] History and physical
- [ ] Lab reports:
- [ ] Imaging studies:
- [ ] Progress notes
- [ ] Consultant notes:
- [ ] Operative reports:
- [ ] Discharge summary

Please fax the requested information to the fax number listed above today.

The requested information is required immediately for the ongoing evaluation and treatment of the referenced patient. Your prompt attention to this matter is appreciated.

Please call the contact listed above for any questions

Attempt 1: Date: Time: Initials: CS
Attempt 2: Date: Time: Initials:
Attempt 3: Date: Time: Initials:

April 6, 2018

END OF REPORT

David Mason, PA-C
Orthopaedic Institute
510 Lincoln Drive
Herrin, IL 62948
Phone: (618) 997-6800
LIC: 85002553
NPI: 1649210766

Rx

M21830

Date: September 27, 2022
Start Date: 09/27/2022

Patient Name: Keith Allen
Address: 711 Kaskaskia St
Menard, IL 622599999

DOB: 06/04/1988
DX Code:

Drug	SIG	Dispense	Refill	DAW	Special Instructions
meloxicam 7.5 mg tablet	take 1 tablet by oral route every day	30 (thirty)	1 (one)	Generic Substitution Permissable	

Provider:

Prescription is void if more than one (1) prescription is written per blank.

written DC 9/27/22

M21830

THE ORTHOPAEDIC INSTITUTE OF SOUTHERN ILLINOIS

Patient MRN: 000000272220
Date: 09/27/2022
Description: Medical Assistant/Nurse Note Documentation

Allen, Keith 06/04/1988

patient with a healed 5th metacarpal base fracture and right Carpal tunnel syndrome. Recommend a cock up wrist brace to wear at night and as needed. Recommend PT for modalities and myofascial release. Recommend meloxicam 7.5 mg po daily as needed. Follow up in 2 months. If not improved plan carpal tunnel release.

Rendering Provider: David Mason PA-C

Document generated by: David Mason 09/27/2022 12:43 PM

written 9/27/22

Wexford Health SOURCES INCORPORATED

Certification of Service

SECTION I: Certification of Service Information (Completed by Wexford Health Sources)

Individuals Name:	Allen, Keith
Inmate Number:	M21830 **DOB:** 6/4/88
Consultant's Name:	OISI
Service Approved:	Ortho F/U
Date of Service:	9/27/22
Reference Number:	26706742
Correctional Facility:	Menard Correctional Center, 711 Kaskaskia Street, Menard, IL 62259
Medical Director and Phone Number:	Dr. Glen Babich (618)-826-5071
Contact Person And Phone Number:	Lenzi Miles – Medical Furlough Clerk (618)-826-5071 ext. 2467 FAX #: (618)-826-1746

SECTION II: Instructions for /Consultant's Office

1. If the service to be provided is different than stated above, please call the Utilization Management Department at 1-877-WEX-AUTH (877-939-2884) or 1-800-353-8384.
2. **IMPORTANT**: Attach this Certification of Service Form to the claim and send to the appropriate address for processing (see below). All invoices must include the **reference number**.

NOTE: Any services rendered at this visit which have not been previously certified for approval as noted on this form may not be eligible for reimbursement.

FLORIDA:
Wexford Health Sources, Inc.
Claims Department
P.O. Box 16268
Pittsburgh, PA 15242-0268

MARYLAND:
Wexford Health Sources, Inc.
Claims Department
P.O. Box 16471
Pittsburgh, PA 15242-0771

ALL OTHER CLIENT CLAIMS:
Wexford Health Sources, Inc.
Claims Department
P.O. Box 16218
Pittsburgh, PA 15242-0218

3. Please forward all consultant and procedure notes, lab and x-rays results that are completed to the medical department of the correctional facility.

In no event shall Wexford Health Sources, Inc. be responsible for the provision of or payment for medical services provided to the above named inmate after such time as the inmate has been released from the custody of the department of corrections.

Rev. 4/1/2017

ILLINOIS DEPARTMENT OF CORRECTIONS

Health Status Transfer Summary

Transferring Facility: Menard Correctional Center

Individual in Custody Information: Allen (Last Name) Keith (First Name) (MI) ID#: M21830

Date: 9/18/22 Time: 900 a.m. p.m.

Transfer Screening (completed by transferring facility health care staff): HIV Test & Counseling Offered (only transfers to ATC, parole, release or discharge)

Allergies: NKDA Food Handler Approved: yes

Current / Acute Conditions / Problems: Ø

Chronic Conditions / Problems: psych hx

Current Medications (name, dosage, frequency, and duration):

Acute Short-term: Ø

Chronic Long-term: Ø

Chronic Psychotropic: Clozapine 300mg qd PHS

Current Treatments: Ø

Therapeutic Diets: Regular COVID 3.11.21 - 4.8.21

Follow-Up Care: RHC prn

Chronic Clinics: Ø

Specialty Referrals: Ortho

Significant Medical History: Ø

Physical Disabilities / Limitations: Ø

Assistive Devices / Prosthetics: Ø Glasses Dentures Hearing Aid

Mental Health Issues: Hx Suicide Attempt Date: Hx Psych Med Hx MPC / STC Substance Abuse: Alcohol Drugs

L. Greggson, RN (Printed Name and Title) (Signature) 9/18/22 (Date)

Reception Screening (completed by receiving facility health care staff):

Facility: Date: Time: a.m. p.m.

Subjective:

Current Complaint:

Current Medications/Treatment:

Objective:

Physical Appearance/Behavior:

Deformities: Acute/Chronic:

T: P: R: BP: /

Assessment:

Plan: Disposition:

Health Information Given Emergency Referral:

Sick Call: Urgent / Routine

Medication Evaluation Therapeutic Diet Special Housing Chronic Clinics

Work / Program Limitation Specialty Referrals Other (specify):

Infirmary Placement:

Other (specify):

(Printed Name and Title) (Signature) (Date)

For Adult Transition Center transfers For Electronic Detention/Monitoring:

Mental Health Professional Signature and Title — Date — Approved Denied

Health Care Staff Signature and Title — Date — Approved Denied

Distribution: Individual in Custody's Medical Record; Transferring Facility; Receiving Facility

Printed on Recycled Paper

DOC 0090 (Rev 8/2021)

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Special Services Referral and Report

Menard Correctional Center
(Facility)

Offender's Name: Allen, Keith ID# M21830

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☐ Evaluation ☐ Management
☐ Procedure/service (specify)
☒ Other (specify) 2 mo Fu

Urgent: ☐ Yes ☒ No

Referred to: OIST

Rationale for Referral: Seen ortho on 9/27/22 for having numbness tingling mostly in thumb, index, long d rig, sometimes in his small finger @ times. Recommend 2mo f/u

Lisa Dearmond, FNP-C
Print Referring Practitioner's Name

Referring Practitioner's Signature

10-4-22
Date

Report of Referral (Use Reverse Side, if necessary)

Findings:

Assessment:

Recommendations/Plans:

Print Practitioner's Name

Practitioner's Signature

Date

Facility Medical Director Use Only
I have reviewed the recommendations and:

☐ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

Distribution: Offender's Medical File, and if denied/revised, Heath Care Unit Administrator

DOC 0254 (Eff.4/2007)
(Replaces DC 7105)

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Special Services Referral and Report

Menard CC
(Facility)

Offender's Name: Allen, Keith ID# M21830

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☐ Evaluation ☐ Management
☐ Procedure/service (specify) _____
☒ Other (specify) 2 month follow-up

Urgent: ☐ Yes ☒ No

Referred to: OISI D. Mason PA-C

Rationale for Referral: DX: Hx of 5th metacarpal base fracture and carpal tunnel syndrome-right. DOB: 06/04/88.

Alisa Dearmond FNP-C — Print Referring Practitioner's Name
Alisa Dearmond — Referring Practitioner's Signature
09/27/22 — Date

Report of Referral (Use Reverse Side, if necessary)

Findings:

Assessment:

Recommendations/Plans:

Print Practitioner's Name — Practitioner's Signature — Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name — Facility Medical Director's Signature — Date

Distribution: Offender's Medical File, and if denied/revised, Heath Care Unit Administrator

DOC 0254 (Eff.4/2007)
(Replaces DC 7105)

ILLINOIS DEPARTMENT OF CORRECTIONS

Segregation Sick Call Rounds Chart

Menard Correctional
Facility

Offender Name: Allen, Keith ID#: M21830 Housing Unit: N2 847 Admission Date: 8/16/2021

Discharge Date:

MONTH: [illegible] YEAR: 2021

	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nurse Sick Call Seen in Segregation No Complaints																		[initials]	[initials]	[initials]		[initials]	[initials]	[initials]	[initials]	[initials]	[initials]	[initials]	[initials]	[initials]	[initials]	[initials]
Nurse Sick Call Seen in Segregation See Progress Note Medical Complaints Addressed																																
Dr. Sick Call Segregation Rounds No Complaints																				[initials]													
Dr. Sick Call Segregation Rounds See Progress Note Medical Complaints Addressed																																

Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials
				[illegible signature]	[illegible]	[illegible signature]	[illegible]
				[illegible signature]	[illegible]		

Side 1

Distribution: Offender Medical File

Printed on Recycled Paper

DOC 0314 (Eff. 07/2006)

Wexford Health SOURCES INCORPORATED

NOTICE OF CLAIM AUTHORIZATION NUMBER

To: HEALTHCARE UNIT
From: Utilization Management
Date/Time: 12/12/2022 / 18:49:53

Inmate Name: KEITH ALLEN
Inmate Number: M21830
Date of Birth: 06/04/1988
Site: MENARD
Service: 64721-CARPAL TUNNEL SURGERY
Authorization No: 517035551

Service is Authorized.

Comments: **reprint** 11-18-22 Notice of claim authorization for R carpal tunnel release. Patient seen by Ortho for numbness/tingling to R hand and mild medial neuropathy. R carpal tunnel release and PAN recommended. 90 Day Global.

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Wexford Health Sources
Phone: 877-939-2884 -or- 800-353-8384
Fax: 412-937-9151

M2/380

David Mason, PA-C/60001

Electronically signed by : ***David Mason PA-C*** *11/15/2022 08:40 AM*

510 Lincoln Drive Herrin, IL 62948 - Phone: 618.997.6800 - Fax: 618.998.9385 - www.orthopaedicinstitute.com

ILLINOIS DEPARTMENT OF CORRECTIONS

Creatinine Same Day

Medical Special Services Referral and Report

Menard Correctional Center (Facility) DOB 4 88

Offender's Name: Allen Keith ID# M21830

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment ☐ Evaluation ☐ Management ☐ Procedure/service (specify) ☐ Other (specify)

Urgent: ☐ Yes ☒ No

Referred to: Surgery with OISI - RT Carpal tunnel surgery

Rationale for Referral: DX: Right Carpal tunnel | SEND RESULTS TO:

MMOLDENHAUER NP — Print Referring Practitioner's Name — Referring Practitioner's Signature — 12-1-22 Date

Report of Referral (Use Reverse Side, if necessary)

Findings:

Assessment:

Recommendations/Plans:

Print Practitioner's Name — Practitioner's Signature — Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve,

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name — Facility Medical Director's Signature — Date

Distribution: Offender's Medical File, and if denied/revised, Health Care Unit Administrator

DOC 0254 (Eff.4/2007) (Replaces DC 7105)

MV1830

NO KNOWN ALLERGIES
Reviewed, no changes.

REVIEW OF SYSTEMS:

System	Neg/Pos	Details
Constitutional	Negative	Fever.
Respiratory	Negative	Chest pain and Dyspnea.
Cardio	Negative	Chest pain.
GI	Negative	Black tarry stools.
MS	Negative	Except as noted in HPI and Chief complaint.

ROS
This is a 34-year-old male who comes in today for followup. He was given a compressive dressing for his right wrist instead of a carpal tunnel brace, still has numbness and tingling. He states his thumb and index are the worst. It wakes him up at night. His hand is numb. He has lot of problems when he writes. Denies any history of neck problems, no diabetes. He did previously have a nerve study by Dr. Ward that demonstrated mild median neuropathy of his wrist. There is no other abnormalities noted.

Vital Signs

VITAL SIGNS

BP mm/Hg	Ht ft	Ht in	Ht cm	Wt lb	BMI kg/m2	Pulse /min	Resp /min	Temp F	Time	Measured_by
	5.0	9.00	175.26						8:53 AM	Miranda Cagle

PHYSICAL EXAM:

His right hand demonstrates Wartenberg. He could make an okay sign. He had full extension of his fingers. He could make a full fist. He could oppose his thumb, adduct and abduct his arm. He had no muscle atrophy. He had a positive median carpal compression. He had a negative Tinel's today. Strength on gross exam seemed intact, 5/5 on the right upper extremity.

CLINICAL ASSESSMENT/PLAN:

#	Detail Type	Description
1.	Assessment	Carpal tunnel syndrome, right upper limb (G56.01).

Assessment:
Carpal tunnel syndrome right upper extremity.

Plan:
I did review findings with the patient. I did discuss options with him. I did recommend he get a formal cock-up wrist brace for this to wear at night and during activities. I did discuss surgical treatment. I did go over risks and benefit of carpal tunnel release, procedure as needed. I did advise him on the risks to include infection, wound complications, sore and pain in the palm with activities until he is 3 or 4 months out. I did also discuss with him the fact that in some situations, it does not help him out, but it will prevent it from getting worse. I advised him there is always potentially other etiologies, but at this point, symptoms seem consistent with carpal tunnel. We will see him back here after surgery. He did want to proceed with right carpal tunnel release, procedure as needed.

MM1830

THE ORTHOPAEDIC INSTITUTE OF SOUTHERN ILLINOIS

Patient: Keith Allen
Date of Birth: 06/04/1988 Age: 34
Date: 11/15/2022 8:40 AM
Visit Type: Office Visit

CHIEF COMPLAINT:
Numbness and tingling thumb, index, long finger.

PAST MEDICAL HISTORY (Detailed)

Disease	Onset Date	Comments
Arthritis		

PAST SURGICAL HISTORY

Management	Laterality	Date	Comments
no known surgical history			

SOCIAL HISTORY (Detailed)
Tobacco use reviewed.
Preferred language is English.
Tobacco use status: Cigarette smoker.
Smoking status: Current every day smoker.

FAMILY HISTORY (Detailed)
Condition
Family history of Cardiovascular disease
Family history of Cancer, unknown
Family history of Diabetes mellitus

MEDICATIONS:
Medication Reconciliation
Medications reconciled today.

ALLERGIES:

Ingredient	Reaction (Severity)	Medication Name	Comment

Wexford Health SOURCES INCORPORATED

NOTICE OF CLAIM AUTHORIZATION NUMBER

To: HEALTHCARE UNIT
From: Utilization Management
Date/Time: 11/18/2022 / 15:37:04

Inmate Name: KEITH ALLEN
Inmate Number: M21830
Date of Birth: 06/04/1988
Site: MENARD
Service: 64721-CARPAL TUNNEL SURGERY
Authorization No: 517035551

Service is Authorized.

Comments: 11-18-22 Notice of claim authorization for R carpal tunnel release. Patient seen by Ortho for numbness/tingling to R hand and mild medial neuropathy. R carpal tunnel release and PAN recommended.

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Wexford Health Sources
Phone: 877-939-2884 -or- 800-353-8384
Fax: 412-937-9151

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Special Services Referral and Report

Menard Correctional Center
(Facility)

Offender's Name: Allen, Keith ID# M21830

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☐ Evaluation ☐ Management
☐ Procedure/service (specify) _____
☒ Other (specify) 2 mo f/u

Urgent: ☐ Yes ☒ No

Referred to: OISS

Rationale for Referral: Seen ortho on 9/27/22 for having numbness tingling mostly in thumb, index, long & ring, sometimes in his small finger @ times — Recommend 2 mo f/u

Alisa Deamond, FNP-C — Print Referring Practitioner's Name
Referring Practitioner's Signature
10-4-22 — Date

Report of Referral (Use Reverse Side, if necessary)

Findings:

Assessment:

Recommendations/Plans:

Print Practitioner's Name — Practitioner's Signature — Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name — Facility Medical Director's Signature — Date

Distribution: Offender's Medical File, and if denied/revised, Heath Care Unit Administrator

DOC 0254 (Eff.4/2007) (Replaces DC 7105)

ILLINOIS DEPARTMENT OF CORRECTIONS

Creatinine Same Day

Medical Special Services Referral and Report

Menard Correctional Center (Facility)

DOB 6 4 88

Offender's Name: Allen Keith ID# M 21830

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment ☐ Evaluation ☐ Management ☐ Procedure/service (specify) ☐ Other (specify)

Urgent: ☐ Yes ■ No

Referred to: Right Carpal Tunnel Release and PAN

Rationale for Referral: DX: Numbness and Tingling R hand + Mild Medial Neuropathy | SEND RESULTS

Michael Moldenhauer — Referring Practitioner's Signature — 11-15-22

Print Referring Practitioner's Name — Date

Report of Referral (Use Reverse Side, if necessary)

Findings:

Assessment:

Recommendations/Plans:

Print Practitioner's Name — Practitioner's Signature — Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve,

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name — Facility Medical Director's Signature — Date

Distribution: Offender's Medical File, and if denied/revised, Heath Care Unit Administrator

DOC 0254 (Eff.4/2007) (Replaces DC 7105)

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Special Services Referral and Report

Menard CC
(Facility)

Offender's Name: Allen, Keith ID# M21830

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment ☐ Evaluation ☐ Management ☐ Procedure/service (specify) ☒ Other (specify) 2 month follow-up

Urgent: ☐ Yes ☒ No

Referred to: OISI D. Mason PA-C

Rationale for Referral: DX: Hx of 5th metacarpal base fracture and carpal tunnel syndrome-right. DOB: 06/04/88.

Alisa Dearmond FNP-C — Print Referring Practitioner's Name
Referring Practitioner's Signature
09/27/22 — Date

Report of Referral (Use Reverse Side, if necessary)

Findings:

Assessment:

Recommendations/Plans:

Print Practitioner's Name — Practitioner's Signature — Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name — Facility Medical Director's Signature — Date

Distribution: Offender's Medical File, and if denied/revised, Heath Care Unit Administrator

DOC 0254 (Eff.4/2007) (Replaces DC 7105)

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Special Services Referral and Report

Menard CC
(Facility)

Offender's Name: Allen, Keith ID# M21830

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☐ Evaluation ☐ Management
☐ Procedure/service (specify) _____
☒ Other (specify) 2 month follow-up

Urgent: ☐ Yes ☒ No

Referred to: OISI D. Mason PA-C

Rationale for Referral: DX: Hx of 5th metacarpal base fracture and carpal tunnel syndrome-right. DOB: 06/04/88.

Alisa Dearmond FNP-C — Print Referring Practitioner's Name
Alisa Dearmond — Referring Practitioner's Signature
09/27/22 — Date

Report of Referral (Use Reverse Side, if necessary)

Findings:

Assessment:

Recommendations/Plans:

Print Practitioner's Name — Practitioner's Signature — Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name — Facility Medical Director's Signature — Date

Distribution: Offender's Medical File, and if denied/revised, Heath Care Unit Administrator

DOC 0254 (Eff 4/2007)
(Replaces DC 7105)

Wexford Health SOURCES INCORPORATED

NOTICE OF CLAIM AUTHORIZATION NUMBER

To: HEALTHCARE UNIT
From: Utilization Management
Date/Time: 10/11/2022 / 12:40:50

Inmate Name: KEITH ALLEN
Inmate Number: M21830
Date of Birth: 06/04/1988
Site: MENARD
Service: 99213-OFFICE O/P EST LOW 20-29 MIN
Authorization No: 638588924

Service is Authorized.

Comments: 10-6-22 Ortho F/U authorized for a patient with R hand pain, hx of 5th metacarpal base fracture and R carpal tunnel syndrome. Seen by Ortho 9-27-22; recommended 2 month F/U.

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Wexford Health Sources
Phone: 877-939-2884 -or- 800-353-8384
Fax: 412-937-9151

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Special Services Referral and Report

Menard Correctional Center
(Facility)

Offender's Name: Allen, Keith ID# M21830

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☐ Evaluation ☐ Management
☐ Procedure/service (specify)
☒ Other (specify) 2 mo f/u

Urgent: ☐ Yes ☒ No

Referred to: OISI

Rationale for Referral: Seen ortho on 9/27/22 for having numbness tingling mostly in thumb, index, long & ring, sometimes in his small finger @ times — Recommend 2mo f/u

Alisa Dearmond, FNP-C
Print Referring Practitioner's Name

Referring Practitioner's Signature

10-4-22
Date

Report of Referral (Use Reverse Side, if necessary)

Findings:

Assessment:

Recommendations/Plans:

Print Practitioner's Name

Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

Distribution: Offender's Medical File, and if denied/revised, Heath Care Unit Administrator

DOC 0254 (Eff.4/2007)
(Replaces DC 7106)

✓ sm 10/12 - appt

M21830

THE ORTHOPAEDIC INSTITUTE OF SOUTHERN ILLINOIS

THERAPY ORDERS

DATE: 09/27/2022 10:50 AM
PATIENT: Keith Allen
DOB: 06/04/1988
ADDRESS: 711 Kaskaskia St
CITY: Menard STATE: ZIP: 62259-9999
TELEPHONE: (618)826-5071

PT Eval & Treat or OT Eval & Treat

FREQUENCY: 1-2
DURATION: 2-4 weeks

TREATING ASSESSMENT

Diagnosis description	Dx code	Status
Carpal tunnel syndrome of right wrist	G56.01	

PHYSICIAN GOALS
pain relief
increased function

TREATMENT
OT evaluate & treat
Home exercise

MANUAL THERAPY
Myofascial release

MODALITIES
Modalities of Choice

Provider: David Mason PA-C 09/27/2022 10:50 AM

Supervising: 09/27/2022 10:50 AM

Document generated by: David Mason (09/27/2022

M21830

CLINICAL ASSESSMENT/PLAN:

#	Detail Type	Description
1.	Assessment	Pain in left hand (M79.642).
2.	Assessment	Carpal tunnel syndrome of right wrist (G56.01).

Assessment:

1. Right carpal tunnel syndrome.
2. Healed 5th metacarpal base fracture.

Plan:

I did discuss treatment options with the patient. He is requesting to try conservative measures prior to any type of surgery. We will recommend a forearm based wrist brace that he wears at night, some meloxicam 7.5 milligrams 1 p.o. daily as needed and some physical therapy. We will see him back here in 2 months to see how he is doing. If he has questions or issues before then, I have asked him to call.

David Mason, PA-C/60022

The patient was checked out at 12:41 PM.

Electronically signed by : ***David Mason PA-C*** *09/27/2022 10:50 AM*

M21830

Family history of Cardiovascular disease
Family history of Cancer, unknown
Family history of Diabetes mellitus

MEDICATIONS:

Ordered this Encounter:

Brand	Dose	Sig Desc
MELOXICAM	7.5 mg	take 1 tablet by oral route every day

Patient Status
Completed with information received for patient transitioning into care.
Medication Reconciliation
Medications reconciled today.
Medication Reviewed

Medication Name	Prescribed Elsewhere	Status
Cymbalta 30 mg capsule,delayed release	Y	Verified

ALLERGIES:

Ingredient	Reaction (Severity)	Medication Name	Comment

NO KNOWN ALLERGIES
Reviewed, no changes.

REVIEW OF SYSTEMS:

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fever and Night sweats.
Respiratory	Negative	Chest pain and Dyspnea.
MS	Negative	Except as noted in HPI and Chief complaint.

Vital Signs

VITAL SIGNS

BP mm/Hg	Ht ft	Ht in	Ht cm	Wt lb	BMI kg/m2	Pulse /min	Resp /min	Temp F	Time	Measured_by
	5.0	9.00	175.26	185.00	27.32				12:06 PM	April Hines

PHYSICAL EXAM:

His right hand did demonstrates a positive median carpal compression. He did have a positive Tinel's. Negative Wartenberg, negative Froment. No muscle atrophy. Strength was 5/5 bilaterally. Was neurovascularly intact. He had no tenderness to palpation along the base of his 5th metacarpal.

DIAGNOSTICS:

Ordered Date	Completed Date	Dx /Indication	Study	Result	orderedBy
09/27/2022		Pain in left hand	Hand Xray Min 3 Views		Mason PA-C, David PA-C

Diagnostic Interpretation: Three views of his right hand demonstrates healed 5th metacarpal base fracture. No displacement or angulation noted. Unchanged from previous evaluation.

M21830

THE ORTHOPAEDIC INSTITUTE OF SOUTHERN ILLINOIS

Patient: Keith Allen
Date of Birth: 06/04/1988 Age: 34
Date: 09/27/2022 10:50 AM
Visit Type: Office Visit

CHIEF COMPLAINT:
Numbness and tingling, right upper extremity and healed 5th metacarpal fracture.

HISTORY OF PRESENT ILLNESS:
1. rt hand

This 34-year-old inmate at Menard, has been having numbness and tingling mostly in his thumb, index, long and ring, sometimes in his small finger at times. He states it particularly occurs with activity, mostly with writing. He did have a nerve study that was recommended by Neurology. He had therapy, bracing, maybe some anti-inflammatory medicines. He states he would like to proceed with this. Denies any other issues or complaints.

Other Correspondence:
Nerve study by Dr. Ward demonstrated evidence of mild median neuropathy at the wrist. No dorsal ulnar cutaneous nerve abnormalities.
Nursing Comments:

PAST MEDICAL HISTORY (Detailed)

Disease	Onset Date	Comments
Arthritis		

PAST SURGICAL HISTORY

Management	Laterality	Date	Comments
no known surgical history			

SOCIAL HISTORY (Detailed)
Tobacco use reviewed.
Preferred language is English.
Tobacco use status: Cigarette smoker.
Smoking status: Current every day smoker.

FAMILY HISTORY (Detailed)
Condition

M21830

510 Lincoln Drive
Herrin, IL 629486334
(618) 997-6800

So Ortho Assoc/Ortho Inst Of W KY

Fax

To:	Babich MD, Glen S	**From:**	NextGen Admin
Fax:	(618) 826-1746	**Pages:**	4
Company:		**Date:**	9/28/2022 4:35:22 PM

Comments:

OneRadiology
Normal, Illinois
September 2, 2021

ALLEN, KEITH
ID #: M21830
DOB: 06-04-88
Ordered by: Crane NP
Menard Correctional Center

RIGHT HAND THREE VIEWS 08-31-2021

HISTORY: Pain.

FINDINGS:
Three views of the right hand are submitted. The joint spaces are intact. No fracture, destructive or erosive abnormality. The soft tissues are unremarkable. If symptoms persist or progress, a follow-up study may be considered.

Signed _____
N. Yousuf, M.D.

Dic: 09-02-2021

Films from Menard Correctional Center

M.D. REVIEW
DATE 9/14/21
DOCTOR
PULL CHART
SEE PATIENT
FILE
CC/PE/HIV

received
9/14/21

*BEGIN USING FROM BOTTOM UP

E813

State of Illinois
Dept. of Corrections

PRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) _____

☐ May Substitute
☐ May Not Substitute

DCA 7000
IL 429-1417

Noted by: _____ M.D.
M.D.
Date: _____

State of Illinois
Dept. of Corrections

PRESCRIPTION ORDER
Chart Copy (Not a prescription)

Menard

Patient Allen, Keith Reg. # M21830 Date: 12/20/22

Problem _____

ORDER: (Physician's Signature After Last Order) (1) Discontinue Cymbalta
(2) Cymbalta 90 mg PO QHS X 3 months

DEA/Illinois Lic. # _____ Physician (Print) S. Garbharran MD

☑ May Substitute
☐ May Not Substitute

DCA 7000
IL 429-1417

Noted by: _____ M.D.
M.D.
Date: 12/20/22

State of Illinois
Dept. of Corrections

PRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen (Last Name) Keith (First Name) ___ (MI) ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3/2/23	CV Note	P) Continue MF
1:40pm	S/O) Security staff escorted	
	Mr. Allen to HCU 3rd floor	
T98.2	for MF. Pt was ambulatory	
P72	& voiced NC/O MF prep	
R18	instructions were given	
BP 132/66	& he verbalized understanding.	
O2Sat 98%	A) MF	Jennifer Kreher RN
3/3/23	RN note	P) Await return
0640	S/O) Escorted out of	
	facility by security	
	for MF. Pt has remained	
	NPO since MN	
	A) MF	

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002) (Replaces DC 7147)

Printed on Recycled Paper

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Last Name	First Name	MI	ID#:
Allen	Keith		M21130

Date/Time	Subjective, Objective, Assessment	Plans
2/1/23	NP note	P. HSP completed & sent to
1230pm	S: Here for HSP to have	med furlough department to
11(1)70	(R) carpal tunnel release	FAX.
64?	Surgery.	D/C c̄ dike }
97%		CMP } STAT
97 RA	O. A&Ox3 [illegible]	sent out
18 [illegible]	[illegible]. Pt currently [illegible]	CMH.
	V.S. Stable.	
	A. HSP	
		[signature]

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002)
Replaces DC 7147

Menard Correctional Center

125

Pick Up: _____

Scheduled for: _____

Sick Call Seen/Date: _____

Sick Call Not Seen/Date: _____ **Reason:** _____

Request To Health Care Nurse Sick Call!

Allen - M21830
House
129
23

I need to see medical personnel for some pain pills for a severe hand injury I suffered on 11/3/23 in a fight with my old celly and I think I broke my finger. I've filled several sick calls in regation to no prevail and showed my injury and swollen hand to various nursh staff but I was never called to sick call for a nurse eval nor given any pills and I'm experiencing severe pain and suffering and would like to request see an Outside Doctor for an examination before I have irreparable damage permanent disfiguration and loss of functioning, etc. Please Help Me Receive quate Medical Care for my serious medical needs!

Thank You God Bless,
Respectfully Requested!

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Services Refusal

Patient Information:

Allen (Last Name) Keith (First Name) L (MI) ID#: M21830

The following may be used to document a patient's continued refusal of medication provided the medication and dosage as originally prescribed by the physician and documented on side one of this form has not changed. Any change in medication or dosage shall require a new DOC 0083 to be completed:

Medication and Dosage: MEDICATION AND DOSAGE MUST BE THE SAME AS ORIGINALLY DOCUMENTED ON SIDE ONE.	N/A - Not Prescribed Any Medication or Physical Therapy.

Date/Time:	Patient Signature:	Witness Signature:
9/5/23 9:00 pm	Keith Allen	

Distribution: Patient's Medical Record or File

Printed on Recycled Paper

DOC 0083 (Rev 05/2019)

ILLINOIS DEPARTMENT OF CORRECTIONS

MEDICAL PERMIT

MENARD CORRECTIONAL CENTER

OFFENDER NAME: Allen, Keith ID NUMBER: M21730

HOUSING UNIT: WCH

☒ New Order	☐ Change	
☐ Renewal	☐ Cancel	
☒ Lower Bunk	~~☐ Slow Walk~~	~~☐ Hearing Aid~~
~~☐ Low Gallery (A/B)~~	☐ Double Cuff	~~☐ Front Cuff~~
☒ Medical Lay-In	☐ Feed-In Cell	☒ No Yard
☐ Shower on Gallery	☐ C-Pap Machine	☐ Heel Cup Size:____
☐ Knee Sleeve Size:____	☐ Scrotal Support Size:____	☐ TED Hose Size:____
☐ Neck Collar Size:____	☐ Mouth guard/Cup	☐ No Work
☐ Other:		

Start Date: 3/9/23 Expiration Date: 3/22/23

Authorized by:

~~MD~~ A Dermatologist Date: 3/9/23

I understand that if this permit is altered; a disciplinary report will be written with termination of this permit. I also understand that it is my responsibility to maintain this permit in good condition and to produce to proper authority when requested.

Offender Signature: X Keith Allen

Distribution: White copy: Medical Records/OTS:
- ☐ Placement
- ☐ Cell House Sgt.
- ☐ D.O.N Secretary

Yellow Copy: Offender

MEN 0021 (EFF. 5/2015)

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Services Refusal

Menard Correctional Center
Facility

☐ Employee
☒ Offender

Date: 9 / 5 / 23
Time: 9:00 ☐ a.m. ☒ p.m.

Patient Information:
Allen — Keith — L — ID#: M21830
Last Name — First Name — MI

☒ **Refusal of Services**

I refuse to authorize the performance upon myself or Keith Allen (Name of Patient)
of the following treatment/medication I had a follow-up 8/3/23 At The Orthopaedic Institute post surgery and was cleared I've Completed Treatment And haven't been prescribed meds, physical therapy e
(State nature and extent of treatment or medication and dosage instructions)

☒ **Discharge Demand**

I further demand DISCHARGE of myself or Keith Allen (Name of Patient)
from The Orthopaedic Institute of Southern Illinois Clinic (Name of Medical Facility) against the advice of Dr. Glen Babich M.D. (Name of Doctor)

Dr. Glen Babich M.D. (Name of Doctor) has explained the risks to me, possible complications and probable consequences of refusing treatment/medication or demanding discharge from this medical facility or both.

I hereby release the Attending Physician, the The Orthopaedic Institute of Southern Illinois Clinic (Name of Medical Facility), the Facility, and the Department of Corrections from all liability for damages or any injuries including to my health caused by or arising out of this refusal whether foreseen or unforeseen.

I certify that I have read and fully understand the above REFUSAL OF TREATMENT/MEDICATION OR DISCHARGE DEMAND FROM MEDICAL FACILITIES RELEASE OR BOTH, that the explanations therein referred to were made, and that all blanks or statements requiring insertion or completion were filled in and inapplicable paragraphs, if any, were stricken before I signed.

Keith Allen - M21830
Print Name of Patient

Keith Allen
Signature of Patient

09 / 05 / 2023
Date

When patient is a Minor or Incompetent to give consent:

Print Name of Person Authorized to Consent

Signature of Person Authorized to Consent

/ /
Date

Print Name of Witness — Signature of Witness — / / Date

Distribution: Patient's Medical Record or File — *Printed on Recycled Paper* — DOC 0083 (Rev 05/2019)

ILLINOIS DEPARTMENT OF CORRECTIONS

MEDICAL PERMIT

MENARD CORRECTIONAL CENTER

OFFENDER NAME: Allen Keith ID NUMBER: M21830

HOUSING UNIT: E 8-13

☒ New Order ☐ Change

☐ Renewal ☐ Cancel

☐ Lower Bunk	☐ Slow Walk	☐ Hearing Aid
☐ Low Gallery (A/B)	☐ Double Cuff	☐ Front Cuff
☐ Medical Lay-In	☐ Feed-In Cell	☐ No Yard
☐ Shower on Gallery	☐ C-Pap Machine	☐ Heel Cup Size:_____
☐ Knee Sleeve Size:_____	☐ Scrotal Support Size:_____	☐ TED Hose Size:_____
☐ Neck Collar Size:_____	☐ Mouth guard/Cup	☐ No Work

☒ Other: RIGHT WRIST - COCK UP WRIST BRACE AT NIGHT AND ACTIVITIES

Start Date: 12-1-22 Expiration Date: 6-1-23

Authorized by:

MD M Moldenhauer NP Date: 12-1-22

I understand that if this permit is altered; a disciplinary report will be written with termination of this permit. I also understand that it is my responsibility to maintain this permit in good condition and to produce to proper authority when requested.

Offender Signature: K Keith Allen

Distribution: White copy: Medical Records/OTS:
- ☐ Placement
- ☐ Cell House Sgt.
- ☐ D.O.N Secretary

Yellow Copy: Offender

MEN 0021 (EFF. 5/2015)

ILLINOIS DEPARTMENT OF CORRECTIONS

MEDICAL PERMIT

MENARD CORRECTIONAL CENTER

OFFENDER NAME: Allen, Keith ID NUMBER: M21430

HOUSING UNIT: ECH 8-13

☒ New Order	☐ Change
☐ Renewal	☐ Cancel

☐ Lower Bunk	☐ Slow Walk	☐ Hearing Aid
☐ Low Gallery (A/B)	☐ Double Cuff	☐ Front Cuff
☐ Medical Lay-In	☐ Feed-In Cell	☐ No Yard
☐ Shower on Gallery	☐ C-Pap Machine	☐ Heel Cup Size:_____
☐ Knee Sleeve Size:_____	☐ Scrotal Support Size:_____	☐ TED Hose Size:_____
☐ Neck Collar Size:_____	☐ Mouth guard/Cup	☐ No Work

☒ Other: (R) Wrist Soft Brace

Start Date: 10/13/22 Expiration Date: 10/13/23

Authorized by:

MD A Dearmey Date: 10/13/22

I understand that if this permit is altered; a disciplinary report will be written with termination of this permit. I also understand that it is my responsibility to maintain this permit in good condition and to produce to proper authority when requested.

Offender Signature: Keith Allen

Distribution: White copy: Medical Records/OTS:
- ☐ Placement
- ☐ Cell House Sgt.
- ☐ D.O.N Secretary

Yellow Copy: Offender

MEN 0021 (EFF. 5/2015)

360

STATE OF ILLINOIS — DEPARTMENT OF CORRECTIONS

Inmate/Student Name Allen, Keith

Inmate/Student I.D.# M-21930

Reception Facility _____

Panorex _____

DOB 6-1-88

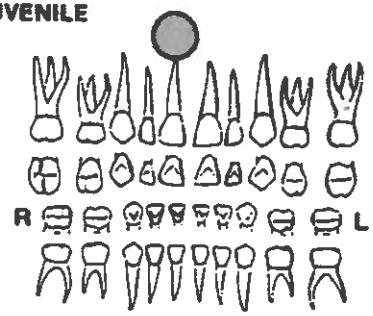
Screening
DDS sig _____

- ☐ Schedule immediately at R&C
- ☐ Schedule routine exam at receiving institution
- ☐ Schedule immediately at receiving institution

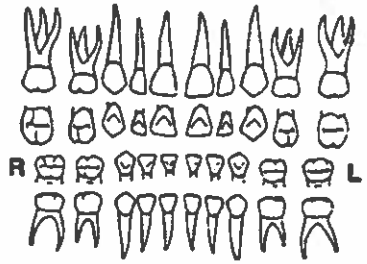
Public Health Classification Screening Dates					Pathology
Endodontics					
Oral Surgery					
Periodontics					
Operative					
Prosthetic					

JUVENILE

Existing Restorations and Missing Teeth



Treatment Needed and Completed Restorations



Receiving Inst. Pcn (HI)

Dentist _____

Date 4-18-18

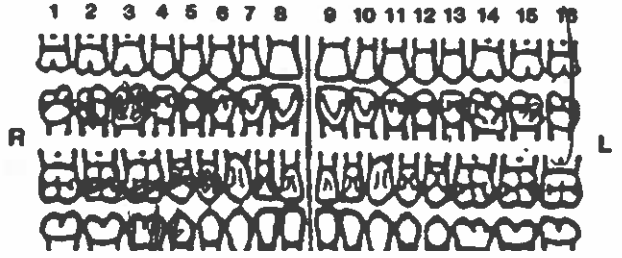
MEDICAL HISTORY AND REMARKS

Upd 6/5/18

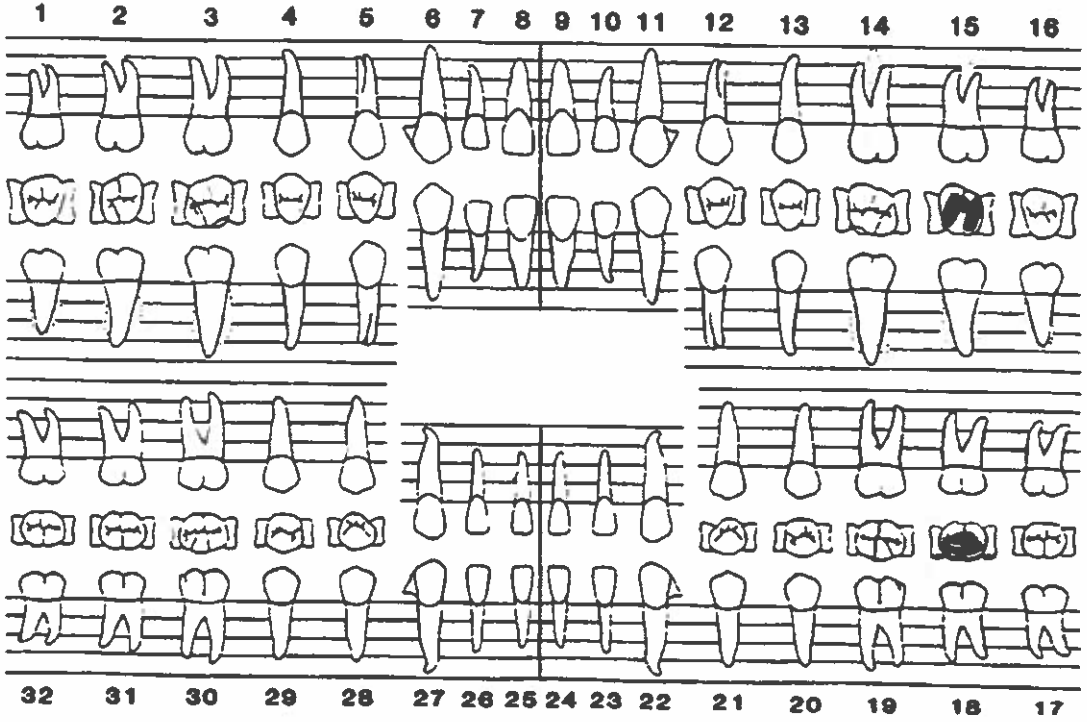
	Yes	No	Current Medication
Cardio Vascular Disease		✓	
Pulmonary Disease/Asthma		✓	
Diabetes		✓	
Epilepsy		✓	
Hepatitis		✓	
V.D. (Type _____)		✓	
Allergies (Type _____)		✓	

ADULT

EXISTING RESTORATIONS & MISSING TEETH



TREATMENT NEEDED - COMPLETED RESTORATIONS



m2183E

Electronically signed by : ***David Mason PA-C*** *08/03/2023 08:40 AM*

Document generated by: N. Admin 08/06/2023 07:00 AM v.8.4.25
v.8.1.8.9

510 Lincoln Drive Herrin, IL 62948 - Phone: 618.997.6800 - Fax: 618.998.9385 - www.orthopaedicinstitute.com

Electronically signed by Steven D. Young MD on 08/28/2023 07:41 AM

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Vital Sign Graphic Flow Sheet

Offender Information: Allen (Last Name) Keith (First Name) ___ (MI) ID#: M21830

Facility: Menard Correctional Center

Date	2/8/23	2/9/23	/	/	/
Hosp Day/Po Day					
Hour	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12
Temperature (106–96)					
Pulse	70	75			
Respiration	18	16			
Blood Pressure (4 AM / 8 AM / Noon / 4 PM / 8 PM / Midnight)	120/80	118/70			
Weight / Height	184				
Stools / Urine	yes	yes			
Bath: C-P-T-S	Self	Self			
Oral Hygiene					
PM Care					
Diet		[illegible]			
Ate W F P	[illegible]	W [illegible]			
Slept W F P	[illegible]	W [illegible]			
Activity					
Bed Rest	Self	Self			
Bed positioning					
R.O.M. Exercises					
Whirlpool					
Transfers					
Walk					
Other:					

Staff Name					
7-3	[illegible]	[illegible]			
3-11	[illegible]	[illegible]			
11-7					

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(Replaces DC 1705)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Progress Notes

Menard Center

Offender Information:

Allen, Keith — Last Name / First Name / MI — ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3/9/23	~~MD~~ NP Infirmary Discharge Summary	P.
8:45AM	S. "OK"	Diet on discharge: Regular
	Summary of reason for Admission/Admit DX	Activity on discharge: up as tolerated
	Carpal tunnel, right	
	O. A&Ox3. clean dry Ⓡ hand	- Ace to tx line - nurse to
	SI to palm approx. 4-5 sutures	SI to Ⓡ hand every other day
	D/I. ∅ S/Sxs of infection to	x 1wk -
		- NP to f/u ē pt on 3-13-23 & 3-17-23
	S/H Ⓡ hand does have edema	Return Follow-up:
	around the area which is to	Tylenol 325g 2 tabs PO TID PRN
	be expected p̄ surgery.	x 1mo Alternate ē Ibuprofen
	A.	Ibuprofen 600g PO TID PRN x 1mo Alternate ē Tyl.
	Discharge DX:	Cont all other meds. Instructed to keep SI D/I - ∅ saturating ē H2O d/t sutures
	S/P R/T op Ⓡ carpal tunnel release	MD Signature:
		Acknowledgment - Instructed on S/Sxs of infection to report to HCU: Tx Redness, warmth, drainage. Verbalizes understanding to NP.

[signature] 3/9/23 9AM

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ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Infirmary Progress Notes

Menard Correctional Center

Offender Information:

Allen — Last Name; Keith — First Name; MI; ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3/8/20 4:30pm	*DOCTOR INFIRMARY ADMISSION NOTE*	*PLAN:*
	By: (Circle one): MD (NP) PA DDS Licensed Mental Health Professional	VITAL SIGN FREQUENCY: Routine
	(ACUTE) CHRONIC	
	SUBJECTIVE: "OK"	DIET: Reg
	HISTORY: Psych	
		ACTIVITY: up as tolerated
	Change from SH to Acute sided	
	Has sutures & not been able to	MEDICATION ORDERS:
	see ortho yet.	- Cont - ē meds ✓
	DURATION: til sees ortho & has	- Referral [illegible] to ortho for [illegible]. ✓
	OBJECTIVE: sutures removed	
	PHYSICAL EXAMINATION:	
	A&Ox3 sitting on side of bed	
	Color wnl. Sutures to (R) hand -	
	palmar area D/I - Ø S/Sxs of	
	infection.	OTHER ORDERS:
	CURRENT CONDITION: fair, stable	
	OTHER MEDICAL CONDITIONS: Ø	
	ADMITTING DIAGNOSIS/ASSESSMENT: Post-op (R) carpal tunnel release	[signature] [signature] 3/8/20 5PM

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DOC 0085 (Eff. 9/2002)

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Infirmary Progress Notes

Menard Correctional Center

Offender Information: Allen (Last Name) Keith (First Name) ___ (MI) ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3/8/23 5PM	INFIRMARY NURSE ADMISSION NOTE: ACUTE Chronic	PLAN:
	SUBJECTIVE: Chief Complaint	MD NOTIFIED: ✓
	None	HCUA NOTIFIED: ✓
		DIETARY NOTIFIED: ✓
		TYPE OF DIET: Regular FORM SENT TO DIETARY
	Duration:	MEDICATION ORDERS
	Objective:	See MAR
	BP 120/80 T 98 P 70 R 18 WT 184	
	Oxygen Saturation: 99%	
	Peak Flow: 1 ____ 2 ____	
	HEART: RR	
	LUNGS: CTA	OTHER ORDERS:
	EYES: =	
	SKIN: (circle) WARM MOIST DRY CLAMMY	
	SKIN COLOR: Natural	
	SPEECH: (circle) CLEAR SLURRED	TREATMENT:
	MOBILITY: ambulatory	No lifting
	ELIMINATION: WNL	
	MENTAL STATUS: AOX3	ACTIVITY: as tol
		ORIENTATION TO THE INFIRMARY
		RULES, CALL FOR HELP, PLAN OF CARE
	ASSESSMENT/NURSING DIAGNOSIS:	OTHER: Mouth Pain
	P.O. Carpal Tunnel	
	Lungs	

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(Replaces DC 7147)

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

MENARD CC Center

Offender Information:

Allen	Keith	M21830
Last Name	First Name	MI

ID#:

Date/Time	Subjective, Objective, Assessment	Plans
3/7/2023 10:58 am	**Med Furlough Clerk Note:**	
	S:	P: Schedule approved referral
	O: Received an approval for a Post Op Ortho F/U with auth# 517035551	
	A: Approved Referral	L Miles Med Furlough Clerk

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen	Keith	M21830
Last Name	First Name	MI

ID#:

Date/Time	Subjective, Objective, Assessment	Plans
3/7/2023 9:06 am	**Med Furlough Clerk Note:**	
	S)	P) Send referral to utilization management for approval/auth#.
	O) Received a referral for Ortho	
	A) referral	L. Miles Med Furlough Clerk

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

ALLEN (Last Name) KEITH (First Name) ID#: M21830 (MI)

Date/Time	Subjective, Objective, Assessment	Plans
3/7/2023 1255	**PHYSICAL THERAPY EVALUATION**	**P:** Skilled PT intervention 2x/wk x4 wks
	S: Patient states the swelling has gone down a whole lot since he started doing the exercises. States he has a lot of legal work to do, and he can type it with his left hand for now, but he hopes he can write with his (R) hand soon.	
	O: Observation: Incision at anterior (R) wrist healing well, well approximated with stitches intact. No drainage noted. Patient appears to have less edema at the (R) hand today than yesterday, although not formally measured.	
	ROM: (R) wrist flex AROM/PROM = 53/62 degrees Ext AROM/PROM = 68/71 degrees Radial Deviation AROM = 26 degrees Ulnar Deviation AROM = 40 degrees Finger Flex/ext WFL Opposition WFL	
	Treatment: Patient was instructed in HEP consisting of AROM wrist flex/ext and radial and ulnar deviation. Instructed patient to continue with finger flex/ext and opposition. He is able to demonstrate all exercises and verbalizes understanding. Instructed patient he is not to lift anything heavier than a coffee cup. He verbalizes understanding.	
	A: Patient's orders clarified by NP. He can complete ROM at wrist and hand; NO strengthening. He is not to lift anything heavier than a coffee cup. Patient will benefit from skilled PT intervention to facilitate increased ROM at (R) wrist post carpal tunnel release on 3/3/23. Will progress to strengthening when allowed by surgeon.	
	Goals: 1. Patient will increase (R) wrist flex AROM to 75 degrees or more. 2. Patient will be able to return to writing with (R) hand.	

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Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information: Allen (Last Name) Keith (First Name) (MI) ID#: M21830

Date/Time	RN Note: Subjective, Objective, Assessment	Plans
3/06/23 3:30pm	S/O: Dsg to R Hand/Wrist removed. Suture line continuous and intact. S/S infection, drainage noted. Wound cleansed and RN reviewed lifting restriction and edentia reviewed w Allen who voiced understanding. A: Wound check.	P: CPM. BDog RN
3-7-23 845am	RN Note S/O 24° SH extended per Major Rohlke. NSC Offered S/O Others X —— A) SH	P) Continue SH Jen Kuhn RN

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen (Last Name) Keith (First Name) ___ (MI) ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3/1/23 1400	Physical Therapy to begin ROM exercises c wrist and fingers - Strengthening exercises at this time 1) Provider to Provider Communication Clarification of orders S/P OT release	

Noted [illegible] 3/6/23

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Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen (Last Name) Keith (First Name) ___ (MI) ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3/4/23 1400	NP NOT	P) Drsg off today or tomorrow may clean blood c H2O2/NS & TAO or ointment on surg incision
	S/O) Spoke c Carlos (a Dr. Young's Office rep) Clarification of orders: May take off dressing today or tomorrow, may clean blood c H2O2 + NS. do not use any TAO or such on incision/sutures. Has upcoming appointment and they will take sutures out. Otherwise keep area clean/dry.	2) PT eval. / Tx CT release: Rom exercises to wrist and fingers & strengthening exercises WT ADDENDUM: NO use of R hand may lift cup of coffee nothing heavier. →

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Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen (Last Name) Keith (First Name) ___ (MI) ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3/6/23 0535	Pt NOTE could A: d/t to dressing in place Pt hesitant to complete finger ROM exercises *requires repeated instruction that it's beneficial for healing.	P: Reassess pt when dressing removed. Counsel re: importance of

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information: Allen (Last Name) Keith (First Name) (MI) IDR: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3/6/23	PT NOTE	
0835	S: Pt repeatedly asks if it is ok to move his fingers since he had surgery & he can feel it in his incision. states his stitches are to be removed in 17 days.	
	O: Pt seen in HCU infirmary. Pt i ace wrap & dressing intact to (R) wrist & (R) UE in sling. Instructed pt in finger ROM ex's: (L) flex/ext & opposition to facilitate ↑ ROM & ↓ edema Unable to assess wrist ROM 2° to dressing.	
	A: Pt is s/p (R) carpal tunnel release on 3/3/23. i orders to begin PT 3/6/23. Limited Rx today	cont'd US Pt

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Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Last Name: Allen First Name: Keith MI: ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3.5.23	RN note	P) Cont SH
11AM	S/O) NSC offered 24° SH	
	upt. Drsg & ace wrap	
	Remains CDI. Fingers warm	
	Moveable. Nail Bed	
	pink healthy. Circulation	
	ⓟ. Denies pain @	
	this time.	
	A) SH	
3/6/23 8Am	RN note:	P: cont SH.
	S/O: 24° SH ext per Major Hudson.	
	NSC offered. denies c/o.	
	A: SH.	

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen Keith (Last Name) M21830 (First Name) ___ (MI) ID# M21830

Date/Time	Subjective, Objective, Assessment	Plans
03/4/23 9:25 AM	NP NOTE S: Pt had R C. tunnel surgery 3/3/23 O: Good circulation to hand per blanching of fingers, covered fingers - Surg. dressing in place & Ace wrap. will call MOA at: Removal dressing on Wait until 3/20 F.U.? Pt be changed from 23°0135. to security Hold	P: Pt status to Security hold. d/t Ace wrap on Pt hand.
	A) S/P RT wrist.	Recommendation

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Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

ALLEN (Last Name) Keith (First Name) ___ (MI) ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3-3-23 7:50P	RN Note	
	S/: "I'm Alright - Pains About	P: Cont 23° obs
P-76	AN "8."	
BP-136/82	O: ∅ Bleeding, ∅ SIS of Infection	
O_2-99%	Dressing C/D/I, Tramadol 50mg given,	
T-98.1°	Motrin + Tylenol PRN, Pt understands	
R-16	not to Lift with (R) Arm/hand.	
	A: Impaired skin integrity	
	Risk For Injury	

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Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen Keith ID#: M2833

Last Name First Name MI

Date/Time	Subjective, Objective, Assessment	Plans
3/3/23 1545	NP Note (Co-S)	a) Tramadol written by other NP. b) Tylenol 500mg 2 tabs @ 8° PRN x 2 weeks c) Motrin 400mg T tab @ 8° PRN x 2 weeks

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

YOUR Correctional Center

Offender Information:

Allen (Last Name) Keith (First Name) MI ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3/3/23 1545	MPNOH	P) 1) 23° Obs
	S) "I'm doing alright"	2) Keep area Clean & dry
	O) A&O x4 resp E/L	3) may apply ice on/off
	LCTAB, Abd B/S x4	20 min / 1 hour for
	(R) hand ō map	first 48°
	fingers move freely	4) Confine use of
	color wnl capfill	Sling - Elevate
	<3 sec.	arm when possible
	A) Carpal Tunnel	5) may bathe/shower
	Release of Right	but keep arm
		dry.
		6) diet as tolerated
		7) F/U c̄ Ortho Dr Young
		3/20/23 @ 810A
		8) Refer to On-Site
		PT Start by 3/6/23

per Dr Young

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen (Last Name) Keith (First Name) (MI) ID#: M21850

Date/Time	RN Note: Subjective, Objective, Assessment	Plans
03-03-23	S) Medical Furlough Return	P) Follow up with MD/NP in 5 days
	O) Inmate returned from medical furlough. No	
	complaints voiced.	
	Paperwork received and forwarded to Medical Furlough clerk.	
	No paperwork received.	
	A)Medical Furlough Return	
	VS- 99.6, 16, 68, 992 142/87	
		Connie Delk MSN, RN, DON

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ILLINOIS DEPARTMENT OF CORRECTIONS

Health Status Transfer Summary

Transferring Facility: Menard Correctional Center

Individual in Custody Information: Allen (Last Name) Keith (First Name) (MI) ID#: M2830

Date: 2/20/23 Time: 545 ☒ a.m. ☐ p.m.

Transfer Screening (completed by transferring facility health care staff): ☐ HIV Test & Counseling Offered (only transfers to ATC, parole, release or discharge)

Allergies: NKDA Food Handler Approved: 6/11/19

Current / Acute Conditions / Problems: Carpal Tunnel

Chronic Conditions / Problems: A

Current Medications (name, dosage, frequency, and duration):

Acute Short-term: Q

Chronic Long-term: Q

Chronic Psychotropic: Cymbalta 90mg HS

Current Treatments: Q

Therapeutic Diets: Reg

Follow-Up Care: Rtc

Chronic Clinics: Q

Specialty Referrals: (R) Carpal Tunnel Release

Significant Medical History: Hx Hernia (R) age 2 BB gun

Physical Disabilities / Limitations: Q

Assistive Devices / Prosthetics: Q ☒ Glasses ☐ Dentures ☐ Hearing Aid

Mental Health Issues: ☐ Hx Suicide Attempt: Date ☐ Hx Psych Med ☐ Hx MPC / STC Substance Abuse: ☒ Alcohol ☒ Drugs

R & C Use Only: ☐ LAB ☐ EKG ☐ CXR ☐ Dental ☐ MEDS ☐ MH ☐ Other ☐ Packet Complete

Jeremy Butler, CN2 (Health Care Staff and Title) — Signature — 2/20/23 (Date)

Reception Screening (completed by receiving facility health care staff):

Facility: Date: Time: ☐ a.m. ☐ p.m.

Subjective:

Current Complaint:

Current Medications/Treatment:

Objective:

Physical Appearance/Behavior:

Deformities: Acute/Chronic:

T: P: R: B/P: /

Assessment:

Plan: Disposition:

☐ Health Information Given ☐ Emergency Referral:

☐ Sick Call: Urgent / Routine

☐ Medication Evaluation ☐ Therapeutic Diet ☐ Special Housing ☐ Chronic Clinics

☐ Work / Program Limitation ☐ Specialty Referrals ☐ Other (specify):

☐ Infirmary Placement:

☐ Other (specify):

Printed Name and Title — Signature — Date

☐ For Adult Transition Center transfers ☐ For Electronic Detention/Monitoring:

Mental Health Professional Signature and Title — Date — ☐ Approved ☐ Denied

Health Care Staff Signature and Title — Date — ☐ Approved ☐ Denied

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen (Last Name) Keith (First Name) ___ (MI) ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
2/3/23	"JR" NP NOTE: S:	P. F/u - c 3/3/23
2:30 pm	Received and Reviewed	Corp. Transit
	Medical furlough - visit	surgery
	2/2/23. 0151	
	O: for C. Transit -	
	surgery is scheduled	
	for 3/3/23	MMoldenhauer NP

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002)

MEDICATION ADMINISTRATION RECORD

Instructions	Non-Administered Medication Codes:	Result Codes:	Injection Site Codes:	
1. Initial appropriate box when medication or treatment is given. 2. Circle initials when medication or treatment is refused. 3. State reason for refusal under medication notes. 4. State reason and result for PRN medication or treatment. 5. Indicate injection site with appropriate code.	1. Refused by Patient 2. Patient Not in Cell 3. Security Lockdown 4. Medication Held (State Reason) 5. Missed Dose	A. Effective B. Slightly Effective C. Ineffective D. No Effect Observed	A. Abdomen Left B. Abdomen Right C. Arm (Deltoid) Left D. Arm (Deltoid) Right E. Buttocks (Gluteus) Left F. Buttocks (Gluteus) Right	G. Thigh (Quadriceps) Left H. Thigh (Quadriceps) Right I. Upper Back Left J. Upper Back Right K. Upper Chest Left L. Upper Chest Right

Date	Time	Initial	Medication/Strengths	Route	Reason	Result	Date	Time	Initial	Medication/Strengths	Route	Reason	Result

Keep-On-Person Medications: Inmate Signature Signifies Receipt of Medication, Administration Directions and Education

Medication: # of Pills
Start Date: ___/___/___ Stop Date: ___/___/___
Staff Signature: Date: ___/___/___
Patient Signature: Date: ___/___/___

Medication: # of Pills
Start Date: ___/___/___ Stop Date: ___/___/___
Staff Signature: Date: ___/___/___
Patient Signature: Date: ___/___/___

Medication: # of Pills
Start Date: ___/___/___ Stop Date: ___/___/___
Staff Signature: Date: ___/___/___
Patient Signature: Date: ___/___/___

Medication: # of Pills
Start Date: ___/___/___ Stop Date: ___/___/___
Staff Signature: Date: ___/___/___
Patient Signature: Date: ___/___/___

Medication: # of Pills
Start Date: ___/___/___ Stop Date: ___/___/___
Staff Signature: Date: ___/___/___
Patient Signature: Date: ___/___/___

Medication: # of Pills
Start Date: ___/___/___ Stop Date: ___/___/___
Staff Signature: Date: ___/___/___
Patient Signature: Date: ___/___/___

Medication: # of Pills
Start Date: ___/___/___ Stop Date: ___/___/___
Staff Signature: Date: ___/___/___
Patient Signature: Date: ___/___/___

Medication: # of Pills
Start Date: ___/___/___ Stop Date: ___/___/___
Staff Signature: Date: ___/___/___
Patient Signature: Date: ___/___/___

Form # 6182LMR2 Reorder Fr... MED-PASS 800-438-8884 LH4596

MEDICATION ADMINISTRATION RECORD

BOSWELL PHARMACY SERVICES
814-629-7397 • Fax: 814-629-7644

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Original Order 12/27/2022 Discontinue 3/26/2023 Rx # 52846603	DULOXETINE 30MG CAP SUB FOR: CYMBALTA GARBHARRAN, SHARAD TAKE 3 CAPSULE(S) BY MOUTH AT BEDTIME 90mg	
Original Order Discontinue Rx #		
Original Order Discontinue Rx #		
Original Order Discontinue Rx #		
Original Order Discontinue Rx #		
Original Order Discontinue Rx #		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

Location: NZ-6-51 W1-19-506
Date of Birth or Soc. Sec. No.: 06/04/1988
Allergies: NO KNOWN DRUG ALLERGY
Diagnosis:
Patient Name and Number: ALLEN, KEITH M21830
Facility: MENARD CORR CTR
Charting for: 02/01/2023
Through: 02/28/2023

Form # 6182LMR2 (Rev. 01/22)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen	Keith	M21830
Last Name	First Name	MI

ID#:

Date/Time	Subjective, Objective, Assessment	Plans
4/28/2022 8:39 am	**Med Furlough Clerk Note:**	
	S.)	P.) Complete med furlough notification for Angela Crain approval/signature. Copies provided to Record office, scanned and emailed via institutional email to staff assigned to med furlough contact list.
	O.) Scheduled individual in custody for an RUE EMG Auth: 455417170	L. Miles Med Furlough Clerk
	A.) Med Furlough appointment	

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen (Last Name) Keith (First Name) ___ (MI) ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
4/14/22	RN Note	
	S/O/A/R had an outside consultation c ortho And until decision on Surgery was made Anti-inflammatory medication was ordered Rx has expired.. Referring to NP for med renewal - 3/12/22 - charted & surgery needed per ortho.	

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Fracture, Dislocation, Sprains

Offender Information: Allen (Last Name) Keith (First Name) (MI) ID# M21830

Date/Time	Subjective, Objective, Assessment	Plans
4/14/22 10AM	**RN NOTE** **LPN/CMT NOTE**	**P) Refer to MD if:**
	S) – When did the injury occur? Sept 21	- Any deformity, severe pain or swelling, discoloration, limited motion, lack of warmth to touch, pulses diminished or absent (symptoms of impaired circulation)
	- How did it happen?	
	- Location of injury? right hand	**No MD Referral:**
	- Any restriction in range of motion? No	- Cold pack PRN for 24 hrs.
	- Pain scale 1 -10? 10 @ times	- **Splint and elevate extremity** - Discuss management of injury with MD on-call if necessary
	O) 97 76 R18 BP 122/78 WT	- FIRST GIVE – Ibuprofen 200mg 1-2 tabs t.i.d. PRN X 3 days (18 tabs)
	- Inspection for anatomical alignment	- Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets) OR
	- Presence of swelling ø	
	- **Presence of discoloration** ø	**Patient Teaching:** - **Medication use**
	- **Skin integrity** intact	- **Application of cold**
	- **Check for circulatory integrity** WNL	- No weight bearing, elevation - **Crutch walking if applicable**
	- **Capillary refill** <3	- Safety measures
	- **Distil pulses** +	- Importance of follow up **Follow-Up:**
	- **Assess for active ROM** WNL	Return to sick call for increased pain, numbness or skin color changes.
		Nurse Signature Susan Kuker
	A) R/O Skeletal Injury	Payment voucher YES NO

Distribution: Offender's Medical Record

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information: ALLEN (Last Name) Keith (First Name) ____ (MI) ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3.12.22	NP NOTE JR re: Back Pain.	P. F/U PRN
11AM	MF visit 3.8.22 0151	
	O: Old 5th finger FX.	
	Beaulieu - ortho via 3/8	
	did not recommend	
	surgery - pt was	
	released & PRN	
	f/u ———	myrecordsshawn NPV
3/23/22		
2:30p	MEDICAL RECORDS NOTE: S. MEDICAL RECORDS SENT PER REQUEST. O. RECEIVED SIGNED AUTHORIZATION. A. RECEIVED COPIES. P. FORWARDED VOUCHER TO TRUST. 730 pages Sent	Baldwin

Distribution: Offender's Medical Record

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MEDICATION ADMINISTRATION RECORD

Instructions

1. Initial appropriate box when medication or treatment is given.
2. Circle initials when medication or treatment is refused.
3. State reason for refusal under medication notes.
4. State reason and result for PRN medication or treatment.
5. Indicate injection site with appropriate code.

Non-Administered Medication Codes:

1. Refused by Patient
2. Patient Not in Cell
3. Security Lockdown
4. Medication Held (State Reason)
5. Missed Dose

Result Codes:

A. Effective
B. Slightly Effective
C. Ineffective
D. No Effect Observed

Injection Site Codes:

A. Abdomen Left
B. Abdomen Right
C. Arm (Deltoid) Left
D. Arm (Deltoid) Right
E. Buttocks (Gluteus) Left
F. Buttocks (Gluteus) Right
G. Thigh (Quadriceps) Left
H. Thigh (Quadriceps) Right
I. Upper Back Left
J. Upper Back Right
K. Upper Chest Left
L. Upper Chest Right

Date	Time	Initial	Medication/Strengths	Route	Reason	Result	Date	Time	Initial	Medication/Strengths	Route	Reason	Result

Keep-On-Person Medications: Inmate Signature Signifies Receipt of Medication, Administration Directions and Education

Medication: # of Pills
Start Date: ___/___/___ Stop Date: ___/___/___
Staff Signature: Date: ___/___/___
Patient Signature: Date: ___/___/___

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Patient Signature: Date: ___/___/___

MEDICATION ADMINISTRATION RECORD

BOSWELL PHARMACY SERVICES
814-629-1397 • Fax: 814-629-7644

EFFECTIVE DATES	MEDICATIONS
Original Order 11/11/2022 Discontinue 1/9/2023 Rx # 57760294	**DULOXETINE 60MG CAP** SUB FOR: CYMBALTA TAKE 1 CAPSULE(S) BY MOUTH AT BEDTIME *DOT* BLOUNT,
Original Order 9/29/2022 Discontinue 12/27/2022 Rx # 57865464	**MELOXICAM 7.5MG TAB** SUB FOR: MOBIC TAKE 1 TABLET(S) BY MOUTH DAILY CRANE, JILIAN
Original Order 12/24/22 Discontinue X3mo Rx #	Cymbalta 90mg Po QHS
Original Order Discontinue Rx #	
Original Order Discontinue Rx #	
Original Order Discontinue Rx #	

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1900																															
0700																															

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
				MG					
				MW					

Location: E-8-13
Date of Birth or Soc. Sec. No.: 06/04/1988
Allergies: NO KNOWN DRUG ALLERGY
Diagnosis:
Patient Name and Number: ALLEN, KEITH M21830
Facility:
Charting for:
Through:

ILLINOIS DEPARTMENT OF CORRECTIONS

Health Status Transfer Summary

Transferring Facility: Menard Correctional Center

Individual in Custody Information: Allen (Last Name) Keith (First Name) (MI) ID#: M21836

Date: 9/18/22 Time: 900 ☒ a.m. ☐ p.m.

Transfer Screening (completed by transferring facility health care staff): ☐ HIV Test & Counseling Offered (only transfers to ATC, parole, release or discharge)

Allergies: NKDA Food Handler Approved: yes

Current / Acute Conditions / Problems: Ø

Chronic Conditions / Problems: psych hx

Current Medications (name, dosage, frequency, and duration):

Acute Short-term: Ø

Chronic Long-term: Ø

Chronic Psychotropic: Cymbalta 30mg po QHS

Current Treatments: Ø

Therapeutic Diets: Regular COVID 3.11.21 - 4.8.21

Follow-Up Care: RTC prn

Chronic Clinics: Ø

Specialty Referrals: Ortho

Significant Medical History: Ø

Physical Disabilities / Limitations: Ø

Assistive Devices / Prosthetics: Ø ☐ Glasses ☐ Dentures ☐ Hearing Aid

Mental Health Issues: ☐ Hx Suicide Attempt Date: ☐ Hx Psych Med ☐ Hx MPC / STC Substance Abuse: ☐ Alcohol ☒ Drugs

L. Greason, RN (Health Care Staff and Title) (Signature) 9/18/22 (Date)

Reception Screening (completed by receiving facility health care staff):

Facility: Date: Time: ☐ a.m. ☐ p.m.

Subjective:

Current Complaint:

Current Medications/Treatment:

Objective:

Physical Appearance/Behavior:

Deformities: Acute/Chronic:

T: P: R: B/P: /

Assessment:

Plan: Disposition:

☐ Health Information Given ☐ Emergency Referral:

☐ Sick Call: Urgent / Routine

☐ Medication Evaluation ☐ Therapeutic Diet ☐ Special Housing ☐ Chronic Clinics

☐ Work / Program Limitation ☐ Specialty Referrals ☐ Other (specify):

☐ Infirmary Placement:

☐ Other (specify):

Printed Name and Title Signature Date

☐ For Adult Transition Center transfers ☐ For Electronic Detention/Monitoring:

Mental Health Professional Signature and Title Date ☐ Approved ☐ Denied

Health Care Staff Signature and Title Date ☐ Approved ☐ Denied

Distribution: Individual in Custody's Medical Record
Transferring Facility
Receiving Facility

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DOC 0090 (Rev 9/2021)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen	Keith		M21830
Last Name	First Name	MI	ID#:

Date/Time	Subjective, Objective, Assessment	Plans
9/14/22 5:00	**Med Furlough Clerk Note:**	
	S.)	P.) Complete med furlough notification for Angela Crain approval/signature. Copies provided to Record office, scanned and emailed via institutional email to staff assigned to med furlough contact list.
	O.) Scheduled individual in custody for a Ortho F/U Auth: 26706742	T. Klein Med Furlough Clerk
	A.) Med Furlough appointment	

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M218

Family history of Diabetes mellitus

MEDICATIONS:

Medication Reconciliation
Medications reconciled today.
Patient is on no medications.

ALLERGIES:

Ingredient	Reaction	Severity	Comment

NO KNOWN ALLERGIES
Reviewed, no changes.

REVIEW OF SYSTEMS:

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fever and Night sweats.
Respiratory	Negative	Chest pain and Dyspnea.
MS	Negative	Except as noted in HPI and Chief complaint.

Vital Signs

VITAL SIGNS

BP mm/Hg	Ht-ft	Ht-in	Ht-cm	Wt-lb	BMI kg/m2	Pulse /min	Resp /min	Temp F	Time	Measured by
	5.0	9.00	175.26	185.00	27.32				8:39 AM	April Hines

PHYSICAL EXAM:

Incision was well healed. He had full range of motion. He had no evidence of infection. Sensation on gross exam was intact. He was neurovascularly intact.

CLINICAL ASSESSMENT/PLAN:

#	Detail Type	Description
1.	Assessment	Nondisp fx of base of fifth MC bone, right hand, init (S62.346A).
2.	Assessment	Carpal tunnel syndrome, right upper limb (G56.01).

Plan:
I did advise him it does talk a long time for that nerve to regenerate. It may never completely be perfect again, but in general, if he gives this plenty of time, it should continue to improve. We will see him back in our clinic as needed. If he has problems or issues in the future, we are happy to help out.

David Mason, PA-C/60001

M21830

THE ORTHOPAEDIC INSTITUTE

Patient:	Keith Allen
Date of Birth:	06/04/1988 Age: 35
Date:	08/03/2023 8:40 AM
Visit Type:	Office Visit

CHIEF COMPLAINT:

Right carpal tunnel release, surgery date was 03/03/2023.

HISTORY OF PRESENT ILLNESS:

1. Follow Up of rt hand

This 34-year-old inmate from Menard comes back for his followup. He states he is doing much better. Numbness and tingling is improved. It is not 100%, but it is getting better.

PAST MEDICAL HISTORY (Detailed)

Disease	Onset Date	Comments
Bipolar		
PTSD		
Arthritis		

PAST SURGICAL HISTORY

Management	Laterality	Date	Comments
R CTR		03/03/2023	

SOCIAL HISTORY (Detailed)

Tobacco use reviewed.
Preferred language is English.
Tobacco use status: Cigarette smoker.
Smoking status: Current every day smoker.

FAMILY HISTORY (Detailed)

Condition	
Family history of Cardiovascular disease	
Family history of Cancer, unknown	